

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO

APPLICANT/IS

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		IND.	0
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						61	
2							62	
3							63	
4							64	
6							66	
6							66	
7	1						67	
8							68	
9							69	
10							60	
11							61	
12							62	
13							63	
14							64	
16							66	
16							67	
17							68	
18							69	
19							70	
20							71	
21							72	
22							73	
23							74	
24							75	
25							76	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
36							86	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
46							96	
46							96	
47							97	
48							98	
49							99	
60							100	
TOTAL IND.	2						TOTAL IND.	
TOTAL DEP.	12						TOTAL DEP.	
TOTAL CLAIMS	14						TOTAL CLAIMS	

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